



Wisconsin Medicaid Fact Sheet

Patient Liability or Cost of Care

As a Medicaid recipient, you may be required to contribute to the cost of your care in a nursing home or other medical institution. The amount you pay depends on your income and the income deductions you are allowed. The payment is to help cover the cost of the services you receive.

How Patient Liability is Figured:

If you live in a nursing home or other medical institution, and qualify for Medicaid, certain expenses and other disregards (items that are not counted) will be subtracted from your monthly income to determine what you must pay. Allowable expenses and disregards include the following:

- Monthly amount actually paid for either court-ordered or non-court-ordered support payments to another person.
- Costs of any premiums you pay for health insurance coverage.
- Monthly cost of maintaining your home or apartment, if a physician certifies that you are likely to return to it within six months.
- Amount actually paid for medical services not covered by Medicaid.
- Amount you actually pay for any court-ordered attorney, guardian fees, or expenses to establish and maintain a court-ordered guardianship.
- A \$45 personal needs allowance.
- A disregard of some of your earned income if you are employed.
- Support for your spouse (ask about "Spousal Impoverishment").

If there is no income left after these deductions, you pay nothing. If there is income left after these deductions, you will be required to pay this amount to the nursing home or other medical institution to help offset the cost of your care. This is your "Patient Liability".

For More Information Call:

- Recipient Services at 1-800-362-3002 (TTY and translation services are available).
- The county/tribal human or social services department, W-2 agency or Medicaid outstation site in your county.
- More information about Wisconsin Medicaid can be found on our Internet site at www.dhfs.state.wi.us/Medicaid/.

Information provided on this document is general. To find out more detailed information regarding Patient Liability or Cost of Care, please contact your local county/tribal social or human service agency.

DHFS is an equal opportunity employer and service provider. If you have a disability and need to access this information in an alternate format, or need it translated to another language, please contact (608) 266-3465 or (608) 266-2555 TTY. All translation services are free of charge. For civil rights questions call (608) 266-3465 or (608) 266-2555 TTY.
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